


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: MAIL STOP PATENT APPLICATION, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450	
HILLARY DIXON (SENDER'S PRINTED NAME)	 (SIGNATURE)



Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor [or Application Identifier]: Hee-Choul LEE

For: MULTI-DIMENSIONAL DISCONNECTED MESH SWITCHING NETWORK

Applicant requests FIG. 1 to be published with the application.

Enclosures:

- ☒ Specification (pages 1-22); claims (pages 23-27); abstract (page 28)
- ☒ 22 sheet(s) of FORMAL drawings containing FIGS. 1-28
- ☒ Declaration or Combined Declaration and Power of Attorney
 - ☐ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63(d))
- ☐ Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- ☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☒ Applicant claims small entity status (see 37 CFR 1.27)
- ☐ Power of Attorney

- ☐ Assignment with cover sheet
Assignee Name and Address:
- ☐ Certified copy of Priority Document No. _____, filed _____
- ☐ Information Disclosure Statement with Form PTO 1449
- ☐ Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i) for Nonpublication
- ☐ Copies of references listed on attached Form PTO-1449
- ☐ Preliminary Amendment
- ☐ Change of Address
- ☒ Return Postcard

<u>CLAIMS AS FILED</u>				
For	Number Filed	Number Extra	Rate	Basic Fee \$375
Total Claims	27-20	7	x \$ 9 =	63
Independent Claims	2-3		x \$ 42 =	
TOTAL FILING FEE				\$438

- ☒ PTO Form 2038 authorizing credit card payment for the above-listed fees is enclosed.
- ☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.



Hosoon Lee
Limited Recognition Under 37 CFR §10.9(b)

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